REGISTRATION FORM Division of Motor Vehicles Office of Public Carrier Regulation Public Carrier Workshop

Please RSVP as early as possible in order for us to plan for the number of participants attending the workshop. If you are not able to attend, we will accept comments in writing.

Please type or print clearly and use a se	eparate form for each	registrant	
Name		Title	
	Agency/Company	1	
	Address		
City	State	Zip	Telephone
Workshops Attending			•
Workshop #1 How can the Office of Pulvehicles for existing public carriers?	blic Carrier Regulation	n streamline the proce	ess for adding
Date: April 28, 2010			
Time: 1:00 to 3:00 pm	Yes, I will be there		-
	Number Attending		•
Workshop #2 Is a driver identification p safety for passengers?	rogram needed to reg	gulate drivers and pro	vide additional
Date: May 19, 2010			
Time: 1:00 to 3:00 pm	Yes, I will be there		_
	Number Attending		•
Workshop #3 How can we improve the of public carrier transportation provide Date: June 16, 2010		bility, and safety to in	crease the amount
Time: 1:00 to 3:00 pm	Yes, I will be there		
11.00 to 5.00 pm	Number Attending		•
			•
All	Workshops will be he	ld at:	
Public Sa	afety Building Confere	ence Room	
303 Transportation Circle, Dover, DE 19901			

Send Registration Form To:
Division of Motor Vehicles
Office of Public Carrier Regulation
Attn: Lynne Lott
P.O. Drawer E

Dover, DE 19903 (Fax 739-7808)